

Name  
in  
Full

Emile Bazin -

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Ridgely		County Caroline,		MARYLAND	
Date of death		1907	Month Mar.	Day 17	Age 78	Years 9	Months 25
Sex	Male	Color or Race	Caucasian		Birth- place	Paris France	
Occupation	Upholsterer,		Where Residing (not at place of death)		Ridgely, Md.		
Married, Single or Widowed	Married.		Name of Wife or Husband		Caroline Fox Bazin		
Father's Name	Peter Bazin,				Father's Birthplace	France	
Mother's Maiden Name	Rosalie Pavin -				Mother's Birthplace	France	
Name of person giving In formation	Leona Bazin -				How related to deceased	Son -	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Senility -		How long	Six months.
Immediate	Exhaustion		How long	one week -
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	J. D. Stone,
			Address	Ridgely Md -
Accident or Suicide?				



Name  
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Lillie Gerty Boston

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at <sup>Town</sup> *Andersontown* <sup>County</sup> *Caroline*

MARYLAND

Date of death *1907* <sup>Month</sup> *March* <sup>Day</sup> *16* <sup>Years</sup> *8* <sup>Months</sup> *10* <sup>Days</sup> *22*Sex *Female* Color or Race *black* Birth-place *md.*

Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed \_\_\_\_\_ Name of Wife or Husband \_\_\_\_\_

Father's Name *Ella Martin Boston* Father's Birthplace *md.*Mother's Maiden Name *Izessie May James Boston* Mother's Birthplace *md.*Name of person giving information *Ella M. Boston* How related to deceased *Sister*

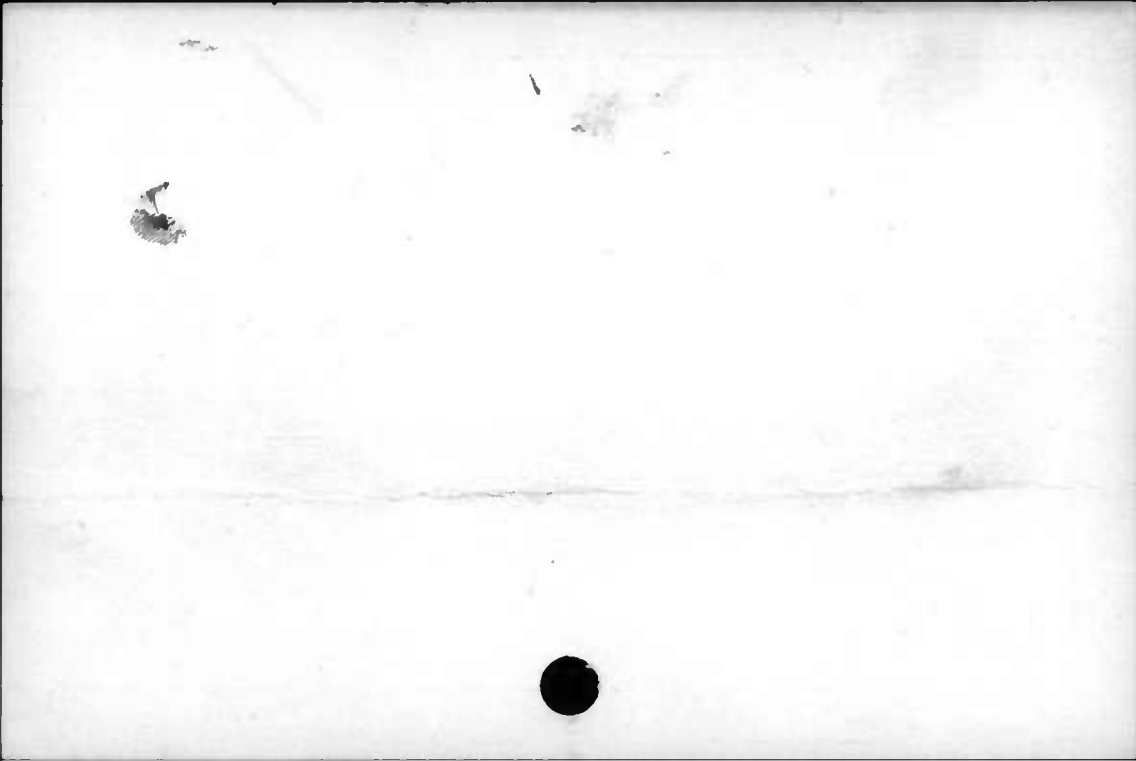
## CAUSES OF DEATH

Primary *not known* How long *few days*Immediate *Exhaustion* How long *179*Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

Address

Accident or Suicide? ☒ *Jas H Ward  
Andersontown*



Name  
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Ruth Cephus -

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Ridgely		County Caroline		MARYLAND	
Date of death	1907	Month dec	Day 21	Age 1	Years 1	Months 9	Days
Sex	Female		Color or Race	Negro		Birth- place	Ridgely, Md.
Occupation	-			Where Residing if not at place of death			
Married, Single or Widowed	-		Name of Wife or Husband				
Father's Name	Wm Cephus -					Father's Birthplace	Id -
Mother's Maiden Name	Emma Pritchett -					Mother's Birthplace	Id -
Name of person giving In formation	Wm Cephus					How related to deceased	Sister

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Grippe	How long	2 weeks
Immediate	Exhaustion	How long	-
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J. S. Stone
		Address	Ridgely Md
Accident or Suicide?			



Name  
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## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Federalburg</i> Town <i>Caroline</i> County		MARYLAND	
Date of death <i>1907</i>	<i>8</i> Month <i>21</i> Day	Age <i>84</i> Years	Months Days
Sex <i>female</i>	Color or Race <i>white</i>	Birth-place <i>md</i>	
Occupation <i>none</i>	Where Residing if not at place of death		
Married, Single or Widowed <i>widow</i>	Name of Wife or Husband <i>unknown</i>		
Father's Name <i>unknown</i>	Father's Birthplace <i>unknown</i>		
Mother's Maiden Name <i>unknown</i>	Mother's Birthplace <i>unknown</i>		
Name of person giving information <i>Tom Cox</i>	How related to deceased <i>Son</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Paralysis</i>	<i>(66)</i>	How long <i>28 days</i>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>G H Gallaway</i>	Address <i>Federalburg md</i>
Accident or Suicide?		





Name  
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Caroline R Griffin

## CERTIFICATE OF DEATH

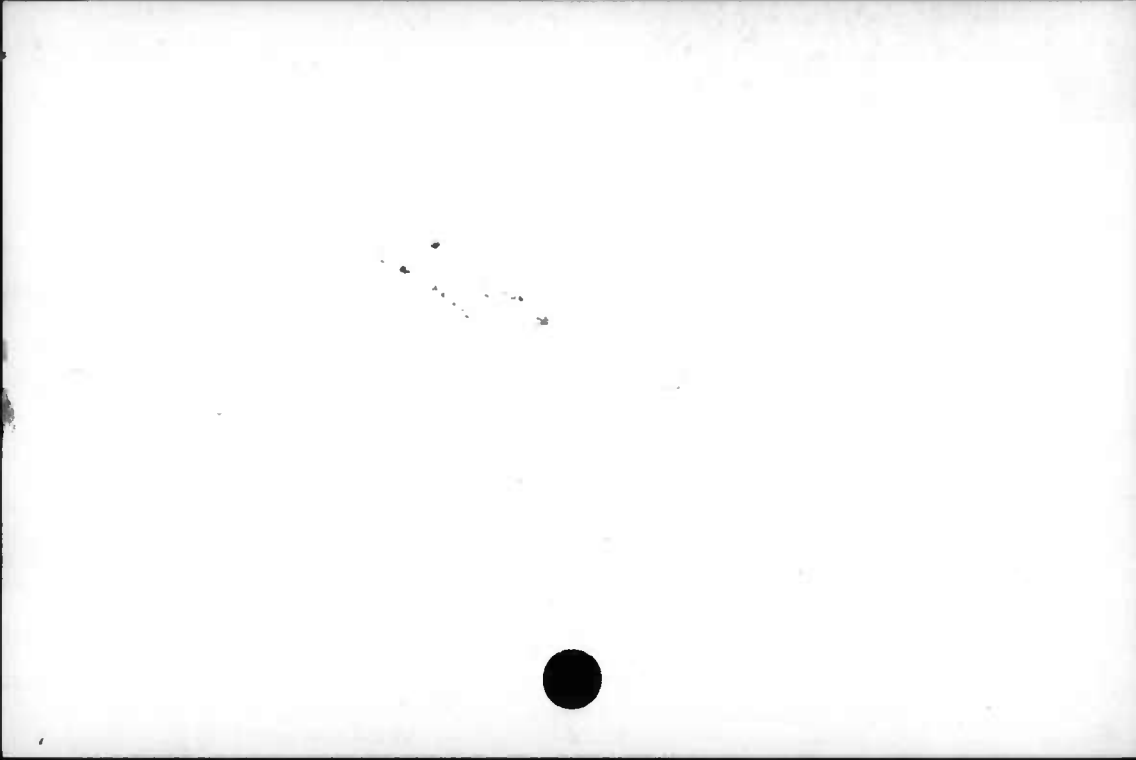
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Concord		County Caroline		MARYLAND	
Date of death		1907	Month 3	Day 3	Age 76	Years 6	Months 23
Sex Female		Color or Race White		Birth-place Maryland			
Occupation Housewife		Where Residing if not at place of death					
Married, Single or Widowed Married		Name of Wife or Husband Alouza Griffin					
Father's Name Peter Johnson		Father's Birthplace Maryland					
Mother's Maiden Name Mahala Johnson		Mother's Birthplace " "					
Name of person giving information Mr Griffin		How related to deceased Son					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Senility	How long	Some time
Immediate	Exhaustion	How long	Two or three days
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Geo. F. Gallows	
Address		Federalburg	
Accident or Suicide?		No	



Name  
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Hallie Melvina Hubbard

CERTIFICATE OF DEATH

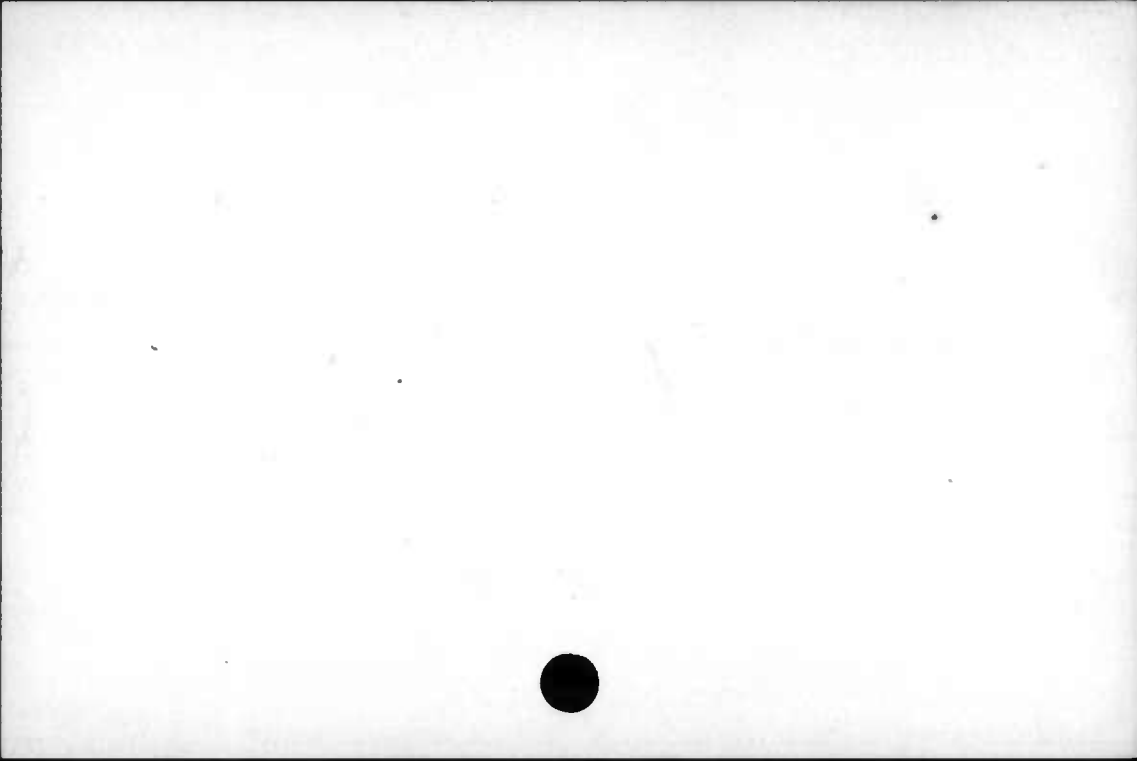
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Preston (near)		<sup>County</sup> Caroline		MARYLAND	
Date of death	1907	Month	March	Day	13
Sex	Female	Color or Race	Black	Age	8
Occupation	—		Birth-place	Months	4
Married, Single or Widowed		Where Residing if not at place of death		Days	13
Father's Name		Harrison Hubbard		Father's Birthplace	
Mother's Maiden Name		Mary Hubbard		Mother's Birthplace	
Name of person giving information		Harrison Hubbard		How related to deceased	
				Father	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Bronchitis	How long	(90)
Immediate	Capillary Bronchitis	How long	3 days
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	J. L. Noble
		Address	Preston Md.
Accident or Suicide?	—		



Name  
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## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

John J. Mitchell  
Died at *near Ridgeley* <sup>Town</sup> *Caroline* <sup>County</sup>  
Date of death 1907 30 26 Age 70 Months 18 Days 18  
Sex *Male* Color or Race *White* Birth-place *Md.*  
Occupation *Farmer* Where Residing if not at place of death -  
Married, Single or Widowed *Widow* Name of Wife or Husband *Anna Elizabeth Andrews*  
Father's Name *John B. Mitchell* Father's Birthplace *Summers Co. W. Va.*  
Mother's Maiden Name *Nancy B. Bulet* Mother's Birthplace *Summers Co. W. Va.*  
Name of person giving information *Charles Mitchell* How related to deceased *Son*

## CAUSES OF DEATH

64

PHYSICIAN  
OR CORONER

Primary *Chronic Corbrol hyperemia* How long *1 yr.*  
*Heart failure* How long *3 days.*  
Immediate  
Are the name, age, sex, color, date and place correctly given above? *Yes*  
Signature of Physician *J. H. B. Rountree, M.D.*  
Address *Hillabori, Md.*  
Accident or Suicide? ☒



Name  
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## CERTIFICATE OF DEATH

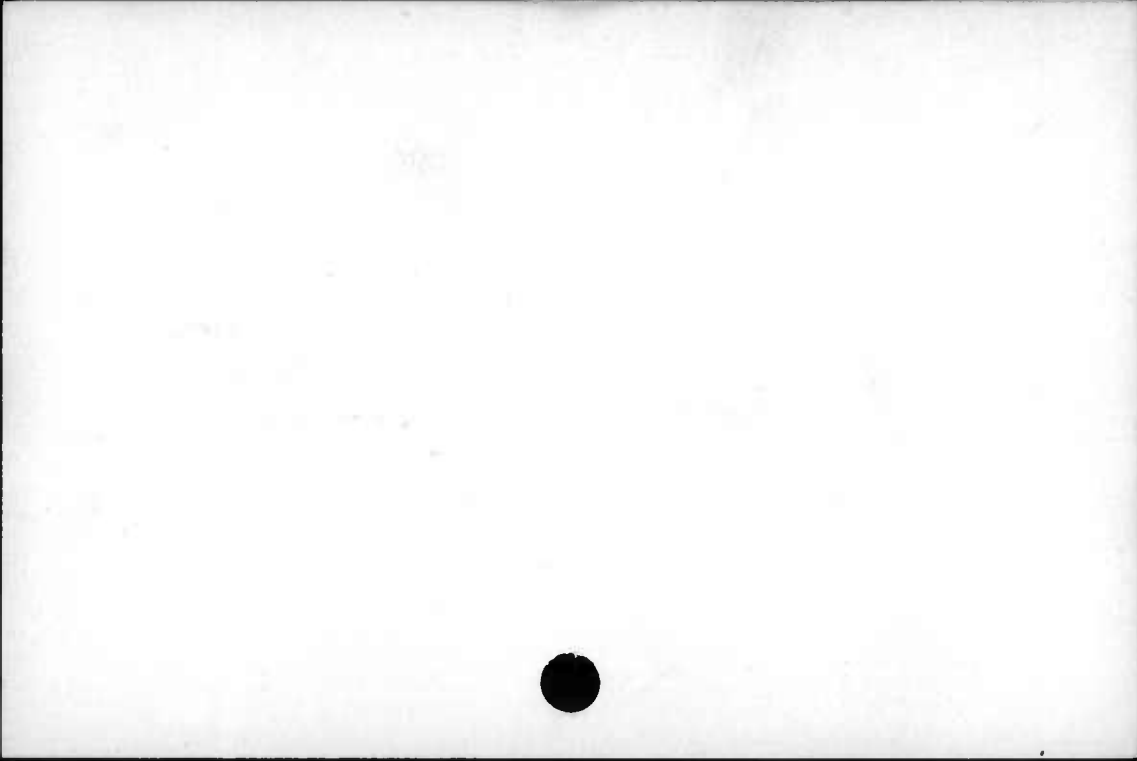
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near Linchester</i>		Town <i>Linchester</i>		County <i>Caroline</i>		State <i>MARYLAND</i>	
Date of death	<i>1907</i>	Month <i>March</i>	Day <i>19</i>	Age <i>3</i>	Years <i>3</i>	Months <i>4</i>	Days <i>5</i>
Sex <i>male</i>	Color or Race <i>Black</i>		Birth place <i>Maryland</i>				
Occupation <i>—</i>	Where Residing if not at place of death						
Married, Single or Widowed	Name of Wife or Husband						
Father's Name <i>Samuel Thomas Newcomb</i>	Father's Birthplace <i>Maryland</i>						
Mother's Maiden Name <i>Angela Ann Jones</i>	Mother's Birthplace <i>Maryland</i>						
Name of person giving information <i>Samuel T. Newcomb</i>	How related to deceased <i>Father</i>						

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Typhoid Fever</i>	How long <i>3 weeks</i>
Immediate <i>Perforation of Bowels</i>	How long <i>6 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yrs</i>	Signature of Physician <i>J. A. Noble</i>
	Address <i>Boston Md.</i>
Accident or Suicide?	





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Federalburg</i>		County <i>Caroline</i>		MARYLAND	
Date of death <i>1907</i>		Month <i>Mar</i>	Day <i>28</i>	Age <i>62</i>	Years <i>4</i>
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>md</i>	
Occupation <i>farmer</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Hallie noble</i>			
Father's Name <i>Joshua noble</i>		Father's Birthplace <i>md</i>			
Mother's Maiden Name <i>unknown</i>		Mother's Birthplace <i>unknown</i>			
Name of person giving Information <i>Hallie noble</i>		How related to deceased <i>wife</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Paralysis</i>	<i>66</i>	How long	<i>3 years</i>
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	Signature of Physician <i>D F Galloway</i>	
			Address <i>Federalburg</i>	
			<i>md</i>	
Accident or Suicide?				



Name  
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Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Federalburg</i> <small>Town</small>		<i>Caroline</i> <small>County</small>		MARYLAND		
Date of death <i>1907</i> <small>Year</small>		<i>Mar</i> <small>Month</small>	<i>23</i> <small>Day</small>	<i>25</i> <small>Years</small>	<i>00</i> <small>Months</small>	<i>00</i> <small>Days</small>
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>md</i>		
Occupation <i>farmer</i>		Where Residing if not at place of death				
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Kate Andrew</i>				
Father's Name <i>unknown</i>		Father's Birthplace <i>unknown</i>				
Mother's Maiden Name <i>unknown</i>		Mother's Birthplace <i>unknown</i>				
Name of person giving information <i>Kate Sisk</i>		How related to deceased <i>wife</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>2 weeks</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>R Kemp Jefferson</i>	
		Address <i>Federalburg</i>	
Accident or Suicide?		<i>md</i>	



Name  
in  
Full

Emilie Smith

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Hillsboro</u> Town		<u>Caroline</u> County		MARYLAND	
Date of death 190	7	Month	3	Day	31
Age		Years		86	
Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>N. J.</u>	
Occupation <u>Housewife</u>		Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>Married</u>		Name of Wife or Husband <u>Richard E. Smith</u>			
Father's Name <u>Elias Brown</u>		Father's Birthplace <u>N. J.</u>			
Mother's Maiden Name <u>Don't Know</u>		Mother's Birthplace <u>N. J.</u>			
Name of person giving Information <u>R. E. Smith</u>		How related to deceased <u>Husband</u>			

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary	<u>Chronic Endocarditis</u>	How long	<u>Several years</u>
Immediate	<u>Heart failure</u>	How long	<u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>A. W. B. Brown, M.D.</u>	
		Address <u>Hillsboro, N.C.</u>	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

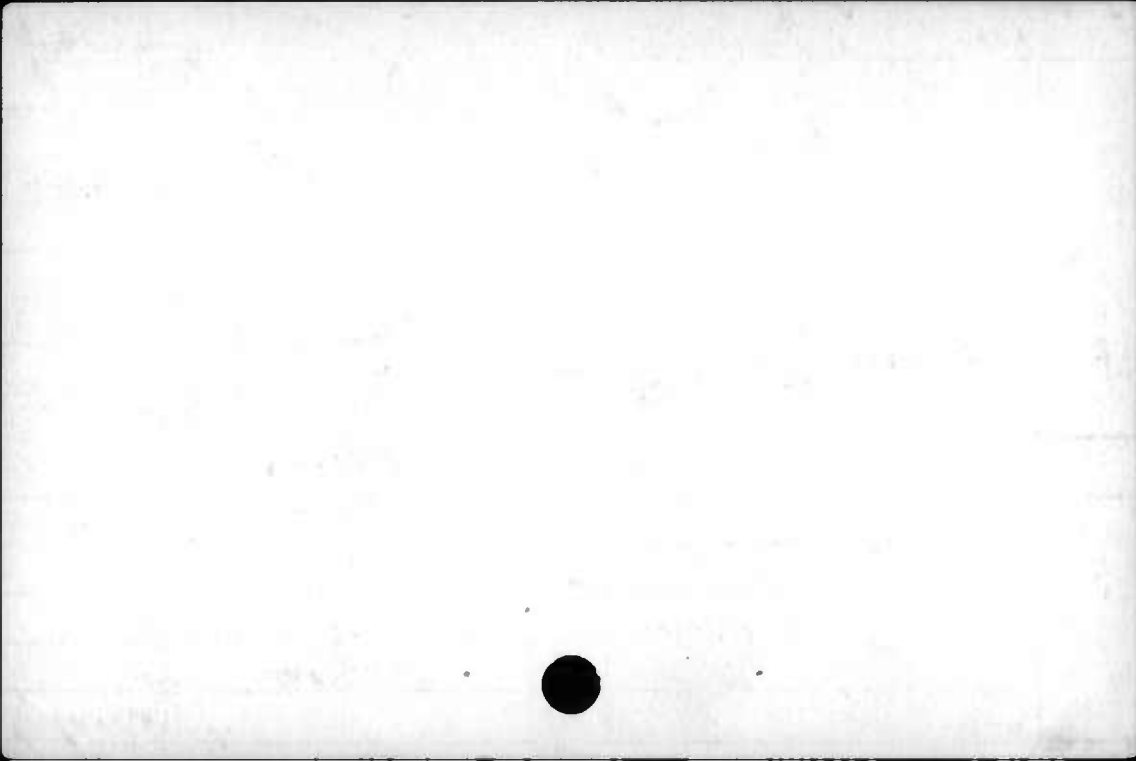
Name in Full <i>Mary Augusta Stanford</i>		Town <i>Two Johns</i>		County <i>Caroline</i>		MARYLAND	
Died at		Date of death <i>1907 Mar. 3</i>		Age <i>77</i>		Months <i>1</i> Days <i>26</i>	
Sex <i>Female</i>		Color or Race <i>dark</i>		Birth-place <i>Ind.</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>At home</i>					
Married, Single or Widowed <i>widow</i>		Name of Wife or Husband <i>William Stanford</i>					
Father's Name <i>unknown</i>		Father's Birthplace <i>unknown</i>					
Mother's Maiden Name <i>Harriet Rogers</i>		Mother's Birthplace <i>Ind.</i>					
Name of person giving information <i>Alex. Stanford</i>		How related to deceased <i>Son</i>					

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary <i>Mitral insufficiency</i>	How long <i>4 years</i>
Immediate <i>Exhaustion</i>	How long <i>gradual</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John Butchaway</i>
	Address <i>Farming Creek Ind.</i>
Accident or Suicide? <i>no</i>	





Name  
in  
Full

Chas W Thomas

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>MT Zion</i> Town		<i>Danville</i> County		MARYLAND	
Date of death <i>190</i>	Month <i>March</i>	Day <i>31</i>	Age <i>8</i> Years	Months <i>8</i>	Days <i>18</i>
Sex <i>Male</i>	Color or Race <i>Coloured</i>		Birth place <i>Caroline Co Md</i>		
Occupation <i>None</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>None</i>				
Father's Name <i>James Thomas</i>	Father's Birth place <i>Danville Co Md</i>		Mother's Birth place <i>Caroline Co Md</i>		
Mother's Maiden Name <i>Ligida G. G. G.</i>	How related to deceased <i>Father</i>				
Name of person giving information <i>James Thomas</i>					

## CAUSES OF DEATH

(93)

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia</i>	How long <i>30 days</i>
Immediate <i>Exhaustion</i>	How long <i>10 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Sharon</i>
	Address <i>Sharon</i>
Accident or Suicide?	



Name

in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Denton</u> Town		<u>Caroline</u> County		MARYLAND	
Date of death <u>1907</u>	Month <u>8</u>	Day <u>9</u>	Age <u>5</u> Years	Months <u>5</u>	Days <u>21</u>
Sex <u>Female</u>	Color or Race <u>Black</u>		Birth-place <u>Denton</u>		
Occupation <u>                    </u>			Where Residing if not at place of death <u>                    </u>		
Married, Single <u>                    </u> or Widowed			Name of Wife or Husband <u>                    </u>		
Father's Name <u>Elmer Thomas</u>			Father's Birthplace <u>Denton</u>		
Mother's Maiden Name <u>Hester Wilson</u>			Mother's Birthplace <u>Denton</u>		
Name of person giving information <u>Ruth Nelson</u>			How related to deceased <u>Young mother</u>		

## CAUSES OF DEATH

(92)

PHYSICIAN  
OR CORONER

Primary <u>Pneumonia</u>	How long <u>1 week</u>
Immediate <u>Heart Failure</u>	How long <u>                    </u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>J. M. Nichols</u>
	Address <u>Denton Md.</u>
Accident or Suicide? <u>                    </u>	<u>                    </u>

